



**DENTAL BOARD OF CALIFORNIA**  
1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241  
TELEPHONE: (916) 263-2300  
FAX: (916) 263-2140



## INSTRUCTION LETTER FOR FICTITIOUS NAMES

### I. QUALIFICATIONS

- A. Only licensed dentists in good standing may apply for a permit.
- B. Effective July 1, 1995, all dentists using a name other than their licensed family and (a fictitious name), must submit a fictitious name application for approval.
- C. If you are filing as a corporation, please provide a copy of your *Articles of Incorporation* as registered with the Secretary of State.

### II. REQUIREMENTS FOR NAME STYLE (See also "*Prohibitions & Guidelines*").

- A. **Family name of at least one of the member dentists must be included with the chosen fictitious name on question #1 of the application.**
- B. **You must choose one of the following selections and use it as a part of your fictitious name.** The Board will not consider your application if the required wording is omitted.

- 1. Dental Office
- 2. Dental Practice
- 3. Dental Group

- C. The name may include other descriptive language: regional or geographical names, \*\*dental specialties, and wording denoting corporate existence (if applicant is incorporated).

\*\* Section 651(h)(5) of the B & P Code states that a practitioner who limits his/her practice to a specific field or fields may include a statement that he/she is a specialist if he/she is certified or eligible for certification by a private or public board or parent association recognized by that practitioner's licensing board. If indicating a dental specialty as part of the fictitious name, please provide the following to aid the Board in determining whether inclusion of such specialty might be misleading or unlawful:

- 1. Submit documentation of being board certified or board eligible in the specialty.
- 2. Indicate whether or not practice at specified location is exclusively limited to that specialty.

(See page two for filing fees)

### III. INITIAL FILING FEES

- A. The standard filing fee set by Section 1724.5 of the Business and Professions Code and Section 1021, Title 16, Article 6 of the California Administrative Code is \$365.00. The **prorated filing fee is \$182.50** and applies when less than one year remains in the *dental license renewal* cycle of the applicant dentist.

### IV. SCHEDULE FOR RENEWAL

- A. The permit renewal coincides with your dental license renewal. In cases where more than one person is listed on the application, the birth month of the first listed licensee is used for determining the initial fee and renewal date.
- B. A delinquent renewal fee will be applied if the permit is renewed more than 30 days after the expiration date.

### V. PERMITS BECOME INVALID IF THERE IS:

- A. *Any change of address* from that specified on the permit.
- B. *Any change in the name style* from that specified on the permit. This would include a sale of the practice.
- C. *Any change in the status* under which the application was made. For example:
  - 1. Dissolution of partnership or corporation
  - 2. Change from sole proprietor to partnership, etc.
  - 3. Change from three sole practitioners who own or lease the place of practice (Group) to a pair of dentists, or to a single dentist.

If any of the above changes occur, and you wish to continue using the name, you may file for a ***transfer*** of the name to a new permit number. In this instance, the **original** permit must be returned to the Board for cancellation.

**Please Note:** Unless the address on this application is an additional office address, the address given on your completed application should agree with the Board's address of record for your dental license record and should be your primary place of practice. If this is not the case, a "Registration of Change of Place of Practice" form will need to be submitted.

***Please allow 6-8 weeks for processing & approval of your requested fictitious name.***



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## APPLICATION FOR A FICTITIOUS NAME PERMIT

Section 1701.5 - Business and Professions Code

### FOR OFFICE USE ONLY

Receipt No. \_\_\_\_\_ RC No. \_\_\_\_\_

Date Filed: \_\_\_\_\_ Fee Paid \_\_\_\_\_

Approved: \_\_\_\_\_ FNP No. \_\_\_\_\_

**STANDARD FEE: \$365 / PRORATED FEE: \$182.50**

(Section 1724.5 - Business & Professions Code)

**FILING FEE IS NON-REFUNDABLE**

### INSTRUCTIONS TO APPLICANT:

All information requested in this application must be supplied by the applicant. Each question must be answered fully, truthfully, and accurately. **ANY OMISSIONS OR INACCURACIES ARE GROUNDS FOR DISAPPROVAL OR REJECTION.** Any false statement willfully made in this application may result in discipline or criminal liability under Business & Professions Code, Section 1701(e), or other applicable provisions of the law.

### **PRINT OR TYPE**

1. Fictitious Name to be used in the practice: <b>(Family Name of applicant must be included and must comply with Section 1701.5)</b>		
2. Please give an explanation of the fictitious name and why you have chosen it:		
3. Address of practice where fictitious name will be used:		
Telephone Number (       )		Social Sec. No: (Required)
4. The applicants will be: (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
5. B & P Code Section 651(h)(5) states that a dentist who limits his/her practice to a specific field or fields must include a statement that he/she is either: Certified <input type="checkbox"/> or Eligible for Certification <input type="checkbox"/> by a private or public board or parent association recognized by the Dental Board. (Please provide documentation of eligibility or certification if applicable)		
6. Name & License Number of dentists who have <u>ownership</u> in the association, partnership, group, corporation, or solo practice. Please list any other Board permits held by each licensee.		
LICENSE NUMBER	PERMITS	NAME

